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| **\*Please note, researchers requesting to use the core must meet the minimum research experience criteria as outlined in section** [**9.1 Biosafety Level 3 Training Guidelines and Practices for Researchers**](https://legacy.drup2.uvm.edu/rpo/ibc-policies-and-procedures#BSL3_Training)**. There will be no exceptions.** | | | | | | | | | |
| **Researcher Information** | | | | | | | | | |
| Researcher Name: | | | | | | | | | |
| Job title: | | | | | | | | Net ID: | |
| PI: | | | | | | | | | |
| Department: | | | | | | | | | |
| Today’s Date: | | | | | | | | | |
| **Proposed Research Background Information** | | | | | | | | | |
| What specific RG-3 or select agents are you applying to work with? Please list all: | | | | | | | | | |
| Provide a summary of the proposed work: | | | | | | | | | |
| Do you require specialized equipment to be present in the A/BSL-3 facility? If so, please specify the type of equipment and the optimal location: | | | | | | | | | |
|  |  | Yes (if yes, please list: cell sorter, IVIS, multi-photon microscope, etc.) | | | | | | | |
|  |  | No | | | | | | | |
| List equipment: | | | | | | | | | |
| Describe any specialized procedures or processes pertaining to your proposed work (e.g., assisting or collaborating with another approved BSL-3 or ABSL-3 user on a research project, deliberate aerosolization of RG3 agents, etc.): | | | | | | | | | |
| **Education** | | | | | | | | | |
| Date | | | Institution | | | | Major Area of Study | | Degree(s) Earned |
|  | | |  | | | |  | |  |
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| **Laboratory Experience** | | | | | | | | | |
| * *Please summarize your hands-on experience in working with RG-2 and/or RG-3 or select agents (e.g., bacteria, mycobacteria, viruses, parasites, viral vectors, prions, human and animal pathogens, select agents and toxins) in a BSL-2 and/or BSL-3 laboratory. Provide below the approximate dates of your employment, the institution where the work took place and a description of the work including the names of the agents you studied.* * *Attach your CV or NIH Biosketch highlighting publications resulting from your work with RG-2 or RG-3 or select agents.* * *Attach certificate(s) of completion if you have participated in a formal BSL-3 and/or ABSL-3 training program. Copy this page and complete additional sections, if necessary.* | | | | | | | | | |
| Dates and Institution: | | | | | | | | | |
| Description of work: | | | | | | | | | |
| Dates and Institution: | | | | | | | | | |
| Description of work: | | | | | | | | | |
| Dates and Institution: | | | | | | | | | |
| Description of work: | | | | | | | | | |
| Dates and Institution: | | | | | | | | | |
| Description of work: | | | | | | | | | |
|  | | | | | | | | | |
| Signature and Date of Individual Requesting Use of the A/BSL-3 Facility | | | | | | | | | |
|  | | | | | | | | | |
| Signature | | | |  | Date | | | | |
| Department Chair Review and Signature | | | | | | | | | |
| *Chair must evaluate the request by assessing research potential, necessary investment/training, and the researcher’s ability to meet A/BSL-3 core facility use criteria. Please ensure the requestor has the minimum experience required, see link at top of form.* | | | | | | | | | |
| Comments: | | | | | | | | | |
|  | | | | | | | | | |
| Signature | | | |  | | Date | | | |
| IBC Scientific Liaison Summary and Signature | | | | | | | | | |
| *Scientific Liaison will evaluate and provide a recommendation summary to respective college official for consideration.* | | | | | | | | | |
| Comments: | | | | | | | | | |
|  | | | |  | |  | | | |
| Signature | | | |  | | Date | | | |
| Senior Associate Dean for Research or Vice President for Research Approval | | | | | | | | | |
| *The senior officials will review the proposal and recommendations to assess if use of the facility for that purpose is in alignment with the College and/or UVM strategic plans for the facility.* | | | | | | | | | |
| Comments: | | | | | | | | | |
|  | | | | | | | | | |
| Signature | | | |  | | Date | | | |